

FORM OF APPLICATION  
FOR THE POST OF PART-TIME MEDICAL OFFICER  
ON CONTRACT BASIS WITH FIXED MONTHLY REMUNERATION

RESERVE BANK OF INDIA, KOLKATA

1 Name in full : Shri/Kum./Smt.

(to be given in block letters, surname to be stated first)

2 (a) Address : Residence Dispensary

(b) Phone No. :

(c) Approximate distance, from  
the Bank's dispensary at

(i) Ultadanga Officers' Quarters :

(ii) NCC, Royd Street :

3 Date of birth and age as on  
September 01, 2010. :

4 Place of birth and domicile :

5 Nationality :

6 Educational Qualifications  
(State degree/diploma obtained,  
the highest degree first, second  
highest next and so on)

Degree/Diploma

University/Board

Year of passing

Class/Rank

7 Particulars of any other courses :  
in medicine completed by the  
applicant.

8 Details of experience From To Period  
(Only experience gained after  
graduation should be stated) Years Months

(a) Hospital

As a Physician :

Experience in any other field :

(b) General Practice :

- 9 Any other factors which the applicant would like to bring into account for considering his/her application.

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I hereby declare that the information and particulars given by me in this form are true and correct. I also note that if any of the above statements are incorrect or false or if any material information or particular has been suppressed or omitted therefrom, my services are liable to be terminated without notice or compensation in lieu of notice.

(Signature of the applicant)

Date :

(For instructions see overleaf)

### **INSTRUCTIONS**

1. All the details in this form must be filled by the applicant.
2. Applications which do not contain the full particulars called for are liable to be rejected.
3. Attested copies of certificates regarding age, educational qualifications etc. should accompany the application.
4. If the candidate is working as a Medical Officer for any institution the details thereof and working hours therein should also be indicated.